



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT:</b> <b>OUTSIDE TRAINING REQUESTS</b>	<b>POLICY NO.</b> <b>106.4</b>	<b>EFFECTIVE DATE</b> <b>12/15/03</b>	<b>PAGE</b> <b>1 of 3</b>
<b>APPROVED BY:</b>  Director	<b>SUPERSEDES</b>	<b>ORIGINAL ISSUE DATE</b>	<b>DISTRIBUTION LEVEL(S)</b> <b>1</b>

### PURPOSE

- 1.1 To establish the requirements and procedures for employees to receive Department of Mental Health (DMH) authorization to attend training provided outside DMH but within the County of Los Angeles.

### POLICY

- 2.1 The Operational Recommendations of the Comprehensive Community Care Report include placing an emphasis on DMH staff development and training at all levels in order to maximize success in the development of a world class mental health system.

DMH supports employee training directly related to its mission and promotes the knowledge, skills and abilities needed for employees' present job and/or for work assignments to be performed within the near future. In addition to training provided directly by DMH, conferences, seminars and workshops sponsored by entities outside of DMH in Los Angeles County will be made available to employees whenever possible and appropriate.

### EXCLUSIONS

- 3.1 This policy pertains only to training provided outside of DMH but within the County of Los Angeles. Employees requesting approval for attendance at conferences or workshops outside of Los Angeles County shall follow DMH policy #107.1.
- 3.2 Requests for Management Council Seminars and Secretarial Council Luncheons will not be approved.

### PROCEDURE

- 4.1 In order to receive approval for outside training, including the payment of salaries and registration fees, employees must obtain the approval of their supervisors and Deputy Directors.
  - 4.1.1 Employees must submit a "Request for Outside Training" form (Attachment I) to their supervisor/manager and Deputy Director for signatures. The form must be fully completed and include an explanation justifying how the training relates to DMH's mission and promotes the knowledge, skills and abilities needed for the present job and/or for work assignments to be performed in the near future.



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- 4.1.2 A brochure, flyer, letter of invitation and/or registration form must be attached to the request.
- 4.2 In deciding to approve or deny a request for outside training, supervisors/managers and Deputy Directors may consider such factors as:
  - 4.2.1 Availability of funds to cover the cost of training.
  - 4.2.2 Clear justification of the need for the training for the employee and benefit to DMH.
  - 4.2.3 Local operational needs for adequate coverage.
  - 4.2.4 The requested training is the most economical and practical means of providing the training.
  - 4.2.5 Employee demonstrates a need for this training in order to develop a needed job-related skill.
  - 4.2.6 Employee's overall performance.
  - 4.2.7 Consideration of approval will be fair and equitable based upon issues identified under 4.2.1 thru 4.2.6.
- 4.3 The Training and Cultural Competency Bureau (TCCB) will approve/deny funding for attendance at the training based on the following:
  - 4.3.1 Funds are available to cover the cost of the training.
  - 4.3.2 The request has been approved by the employee's supervisor/manager and Deputy Director.
  - 4.3.3 All materials are received by TCCB at least four (4) weeks prior to the date of the scheduled event. It is the responsibility of the employee and management to submit the material to the TCCB in a timely manner.
  - 4.3.4 Funding will not be considered if completed documentation is received by TCCB after the training event has taken place.
  - 4.3.5 If the training is mandatory, all costs will be paid by DMH, including, but not limited to, enrollment fees and parking.



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- 4.4 The employee will be notified in writing whether the funding for the training has been approved or denied.
- 4.5 Employees attending outside training paid for by DMH must submit verification of attendance at the training to the TCCB. Payment will be made only upon receipt of this verification by the TCCB.

**AUTHORITY:**

Department of Mental Health Policy

**ATTACHMENT:**

Attachment I Request for Outside Training

**REVIEW DATE:**

This policy shall be reviewed on or before March 15, 2008.

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
REQUEST FOR FUNDING OF OUTSIDE TRAINING**

The Training Division will fund appropriate Requests for Outside Training (1) which are approved by the respective supervisors/managers and Deputy Directors/District Chiefs; (2) which are consistent with DMH Policy / Procedure 106.4 and (3) if funds are available and all materials are received by Training Division at least four (4) weeks prior to the date of the scheduled event. It is the responsibility of the employee and management to submit the material to Training Division in a timely manner.

DATE OF REQUEST \_\_\_\_\_ COST CENTER # \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_ PROFESSIONAL LIC. No. \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

TEL. No. ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_ FAX # \_\_\_\_\_

DIV/BUREAU \_\_\_\_\_ PROG. \_\_\_\_\_ CalWorks Staff: Yes  No

MHSA Yes  No  If yes, the Justification for MHSA funding needs to be clearly described

DATE(S) OF TRAINING: \_\_\_\_\_ LOCATION OF TRAINING: \_\_\_\_\_  
Must be in L.A. County Area

TITLE OF TRAINING: \_\_\_\_\_

PROG. SPONSOR \_\_\_\_\_ REGISTRATION FEE: \_\_\_\_\_

**JUSTIFICATION:** Describe how the Department will benefit from your attendance at this training program. The brochure/informational bulletin must be attached to this request.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Please print)

\_\_\_\_\_  
Supervisor Title

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Director Signature

\_\_\_\_\_  
Date approved by Deputy Director

**If you have any question, please contact Celina Johnson at (213) 251-6857**

**TO BE COMPLETED BY TRAINING DIVISION**

Request for funding is: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature - Training Division

\_\_\_\_\_  
Date